

TEMPORARY EVENT APPLICATION

City of Longview – Environmental Health Division 410 S. High St.

Mailing Address: P.O. Box 1952, Longview, TX. 75606 Phone: 903 237-1285 Fax: 903 237-1289

Date(s)Event		Location:	
Time Food will be set up:		Name of Concession:	
Applicant Name and Addre	ess:		
Applicant Phone #	Event	Sponsor/Organizaiton:	
List all proposed food items		Restaurant/Store/Source food will co	
TEMPO	ORARY EVENT fees - \$50 FEES MAY BE PAID BY	for 1-3 days, plus \$5 for each additional day Y CASH, CHECK, M.O., VISA OR M/C 4RE NON-REFUNDABLE	
	OFFICE	USE ONLY IN BOX	
☐ Permit Required	_ 	Amount Paid \$	
□ Non-Profit ó No Fe	ee Required	Received by	
☐ Permitted Caterer ó	No Fee Required	Check/MO	
☐ No Permit Required	d	Visa or M/C #	
		Exp. Date:/_	
		Permit-City of Longview, Texas	
Event			
Location			
refinit valid Only on the Fo	moving Date(s)		
Temporary Food Service Estable Permit must be conspicuously Code may result in the filing of FOOD NOT APPROVED MAY	blishment without a valid posted in view of the publicharges in court and/or sur/ NOT BE SERVED – NO I	for the operation of the concession listed above ermit issued for the date(s) of the event. The lic. Failure to comply with requirements of the spension of your Temporary Event Permit. HOME PREPARATION OR STORAGE IS ALL IE ENVIRONMENTAL HEALTH DEPARTMEN	Temporary Food Service City of Longview Health OWED FOR
Health Authority	Date	Applicant Signature	Date